U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

A)623 7005 This report is mandatory un

1. File Number U 25 LO

his report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

0/01/2009 Through: [2/8]/2009

3. Name and address of person filing.	Name, file number, and address of labor organization.
Name Ocunism R Kcorinc	Name SHEET METALWORKERSLEEAL TYO
· · · · · ·	Labor Organization File Number 00/57 3
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 43 6 E OR 6 E 5 T	Street 100 A OLO FOR SE ROAD
City NORTH MAUCH	City ROCKY MILE
State Co. ZIP Code + 4 064231	State Cons ZIP Code + 4 O(o(?
5. Position in labor organization.	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests	
(except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
Street	7.b. Amount.
	Sent have been appropriate to become the following when the sent t
City	and the same of th
State ZIP Code + 4	
Signature Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed 29 ennin R 92 string	On 8/55/05 203/235-0888  Date Telephone Number